MEMBERSHIP APPLICATION

Please print or type:

_____

Last Name **First Name** **M.**

Address:_____

_____

City_____ **State**_____ **Zip**_____

Phone(_____)_____

APA Membership No.*(If Applicable)*:_____

Please check status:

____Member $45

____Fellow $45

____Professional Affiliate $55

____Student Affiliate $30*(Complete Below)*

_____
Faculty Endorsement

_____
Institution

Expected Yr. of Graduation_____

Please complete and mail this application with your check payable to APA Division 16 to:

Attn: Division 16 Membership
APA Division Services Office
750 First Street, NE
Washington, DC 20002-4242